



# COMMONWEALTH of VIRGINIA

## DEPARTMENT OF SOCIAL SERVICES

### GUIDELINES REGARDING THE ADOPTEE APPLICATION FOR DISCLOSURE

Attached is an Adoptee Application for Disclosure, which is used to initiate a search for your birth family member(s). You must complete the Application, have it notarized, and return it to the Permanency Unit, 7 North Eighth Street, Richmond, Virginia 23219-3301. Please note that there is a section on the Adoptee Application for Disclosure that asks for personal information. Completion of this section is strictly voluntary and will in no way impact your application. This information will be confidential and used only for statistical purposes. We do appreciate your providing this information, if you feel comfortable in doing so. We do appreciate your application.

Identifying information from closed adoption records cannot be released to you without good cause. Agreement from the birth family member(s) to the sharing of identifying information is considered good cause. Therefore, the purpose of the search is to determine whether the birth family member(s) on whom you wish to have information are willing to give consent to have information that would identify them released to you.

Once your Adoptee Application for Disclosure has been completed and submitted to the Permanency Unit, the agency that was initially involved in your adoption will be designated to conduct the search. The name and telephone number of that agency is listed below. The searching agency may charge a fee for attempting to locate the birth member(s) on whom you desire information. If the agency charges a fee, the fee must be paid to that agency before your application for disclosure is granted or denied. If you have questions about the fee, please contact the agency listed below before submitting your application to this office, as submission of the application authorizes the search.

The searching agency has eight (8) months to conduct the search. Additional time can be granted to complete the search when there is good cause. Once the search is complete, the searching agency will send a report to the Permanency Unit with a recommendation about whether to grant or deny the Adoptee Application for Disclosure. Applications are usually denied when birth family members are not located, do not give consent, or are deceased.

If your application is denied, or if the Permanency Unit fails to designate an agency to conduct the search within thirty days of receipt of the Adoptee Application for Disclosure, you have the right to petition the court for disclosure. If you are a Virginia resident, you may petition the Circuit Court in the county or city where you reside. If you live out of state, you must petition the Richmond City Circuit Court.

Searching Agency: \_\_\_\_\_  
Telephone Number: (Area Code) \_\_\_\_\_ (Number) \_\_\_\_\_

Enclosure

## ADOPTEE APPLICATION FOR DISCLOSURE

The Applicant Hereby Applies to The Commissioner, Virginia Department of Social Services For Disclosure of Information  
PURSUANT TO *THE VIRGINIA CODE* SECTIONS 63.2-1246 AND 63.2-1247. Provide Additional Pertinent Information on a  
Separate Page, If Necessary.

In-House Use Only:

Virginia Adoption Case Number \_\_\_\_\_

(Type or print clearly)

Applicant's Current Name \_\_\_\_\_

Applicant's *Adoptive* Name \_\_\_\_\_

1. I am over the age of eighteen having been born on \_\_\_\_\_, (complete date of birth).
2. My *adoptive* mother's name is \_\_\_\_\_
3. My *adoptive* father's name is \_\_\_\_\_
4. I wish to obtain (indicate by check mark(s)) the identity of:  
\_\_\_\_\_ (Birth Mother) \_\_\_\_\_ (Birth Father) \_\_\_\_\_ (Adult Birth Siblings)

If the Applicant has any other identifying information, please note this below or on an attached page. (For example: name of birthparent(s), city of birth, etc.)

Signature of Applicant \_\_\_\_\_

(Must be signed in front of a Notary Public)

Residence Full Address:	Mailing Address If Different From Residence Address:
Telephone Number:	Telephone Number:

### Completion of the Following Information Is Strictly Voluntary

Race of Applicant: White \_\_\_\_\_ African American \_\_\_\_\_ American Indian \_\_\_\_\_ Asian \_\_\_\_\_ Other \_\_\_\_\_  
Educational Status: Elementary \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_ Graduate \_\_\_\_\_ Post Graduate \_\_\_\_\_  
Income Level: \$0 - \$35,000 \_\_\_\_\_ \$35,001 - \$75,000 \_\_\_\_\_ \$75,001 - \$100,000 \_\_\_\_\_ \$100,000 + \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OR CITY OF \_\_\_\_\_

Subscribed this date and sworn to before me on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public \_\_\_\_\_

My Commission expires: \_\_\_\_\_